

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 122	
County of <u>Gila</u>		ORIGINAL CERTIFICATE OF BIRTH	
District of _____		Co. Registrar's No. 346	
Town of <u>Miami</u>		Local Registrar's No. _____	
City of _____ (No. _____ St. _____ Ward)			
FULL NAME OF CHILD <u>Alfredo Ulboa</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>Male</u>	TWIN, Triplet or other _____	and	Number in order of birth <u>7</u>
			Legitimate? <u>yes</u>
			Date of Birth <u>Aug-3-</u> 19 <u>22</u>
			Month Day Yr.
FATHER		MOTHER	
Full Name <u>Clises Ulboa</u>		Full Maiden Name <u>Theresa Rodriguez</u>	
Residence <u>Miami, Arizona</u>		Residence <u>Miami, Arizona</u>	
Color or Race <u>Mex.</u>	Age at last Birthday <u>36</u> Years	Color or Race <u>Mex.</u>	Age at last Birthday <u>28</u> Years
Birthplace <u>Jalisco, Mexico</u>		Birthplace <u>Chihuahua, Mex</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>7</u>		Number of Children, of this mother, now living <u>7</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Aug. 3-</u> 19 <u>22</u> , at <u>8:40</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		Signature <u>C. M. Cron M.D.</u>	
		Attending physician, midwife, householder.*	
Given or Christian name added from a supplemental report _____ 191		Address <u>Miami, Arizona</u>	
141-803-399		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		A True Copy	
Filed <u>8-7</u> 19 <u>22</u>		COUNTY REGISTRAR.	